

**U.S. Department of Education**

**Staff Report  
to the  
Senior Department Official  
on  
Recognition Compliance Issues**

<b>RECOMMENDATION PAGE</b>
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1. **Agency:** American Podiatric Medical Association (1952/2006)  
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Petition for Continued Recognition
3. **Current Scope of Recognition:** Scope of recognition: the accreditation and preaccreditation ("Candidate Status") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine.
4. **Requested Scope of Recognition:** The accreditation and preaccreditation ("Candidate Status" and "Provisional Accreditation") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine.
5. **Date of Advisory Committee Meeting:** December, 2011
6. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

In addition, since the agency has decided to strengthen, improve and distinguish its evaluative processes under preaccreditation, Department staff recommends that the agency's official scope of recognition be revised to include the preaccreditation categories of "Candidate Status" and "Provisional Accreditation" in order to reflect this distinction [see

§602.12(b)].

If granted, the agency's revised scope of recognition would be as follows:

The accreditation and preaccreditation ("Candidate Status" and "Provisional Accreditation") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine. Title IV Note: Only freestanding schools or colleges of podiatric medicine may use accreditation by this agency to establish eligibility to participate in Title IV programs.

7. **Issues or Problems:**

-- The agency needs to incorporate into its published documents an adequate description of the type of training to be provided to the members of an Appeal Committee. [§602.15(a)(2)]

-- The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies. [§602.15(a)(3)]

-- The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies. [§602.15(a)(4)]

-- The agency needs to specifically include substantive change decisions in its record-keeping policy, as it did for other significant categories. [§602.15(b)]

-- The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit evaluation process itself, as well as to the corresponding training provided to visiting team members. [§602.16(a)(1)(i)]

-- The agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit report-writing process with regard to student achievement, as well as to the corresponding training provided to visiting team members. [§602.17(f)]

-- The agency needs to include in its public documents a sufficiently

detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices during the interim review process conducted every three years. [§602.21(a)(b)]

-- The agency needs to have a clear written policy on finalizing changes to its standards. In addition, that written policy needs to adequately describe the steps to be taken before finalizing those changes. The steps to be described include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide. [§602.21(c)]

-- The agency needs to amend its substantive change policy to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc. [§602.22(a)(3)]

-- The agency needs to have a written policy requiring it to maintain and make available to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff. [§602.23(a)]

-- The agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements. [§602.24(e)]

-- The agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments. [§602.24(f)(2)]

-- The agency needs to provide documentation to demonstrate that the site visit team, and the decision-making Council, review and evaluate an institution's policies and procedures for determining credit hour assignments. [§602.24(f)(3)]

## **EXECUTIVE SUMMARY**

### **PART I: GENERAL INFORMATION ABOUT THE AGENCY**

The Council on Podiatric Medical Education (Council or CPME) accredits colleges of podiatric medicine. At present, the agency accredits eight colleges of podiatric medicine and preaccredits one. The agency's recognition enables its freestanding institutions to establish eligibility to receive Federal student assistance funding under Title IV of the Higher Education Act of 1965, as amended (Title IV). The agency currently serves as the Title IV gatekeeper for one institution. Consequently, the agency must meet the Secretary's separate and independent requirements or request a waiver.

In addition to accrediting colleges of podiatric medicine, the CPME also conducts accreditation and recognition activities that are outside the scope of the Secretary's recognition of the agency. Those activities are the accreditation of residency programs, and the recognition of podiatric specialty boards.

#### **Recognition History**

The agency was on the first list of nationally recognized accrediting agencies published in 1952. Since that time, the Secretary periodically reviewed the agency and has granted continued recognition.

Originally, the CPME was under the authority of the American Podiatric Medical Association (APMA). However, in order to come into compliance with the Higher Education Amendments of 1992, important changes were made to give the CPME clear autonomy for decision-making for accreditation purposes.

The last full review of CPME took place at the December 2005 meeting of the National Advisory Committee on Institutional Quality and Integrity (NACIQI). After that review the Secretary renewed the agency's recognition for five years.

As part of its review of the agency's request for continued recognition, Department staff reviewed the agency's petition and supporting documentation, and observed a meeting of the agency's Accreditation Committee in Bethesda, Maryland on April 27, 2011.

## **PART II: SUMMARY OF FINDINGS**

### **§602.15 Administrative and fiscal responsibilities**

**The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.**

**The agency meets this requirement if the agency demonstrates that--**

**(a) The agency has--**

**(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

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#### **On-Site Evaluators:**

The Council ensures the competency and qualification of its site evaluators by requiring that they receive appropriate training, and their performance is regularly reviewed. The agency provides extensive documents to be reviewed during training, and shows how they apply to the evaluation process.

In addition, the agency has various roles designated for each site visit and ensures that the site evaluators are assigned to the area they will evaluate based on their background and experience. (This is discussed further under the following two criteria.) The agency has developed a large database of site team evaluators including those who hold a DPM or a PhD.

#### **Policy and Decision-Making:**

The Council, which is comprised of 11 members, is both the policy-making and decision-making body. The 11 members are designated as follows: 8 are at-large, 2 are public members, and 1 is a non-podiatric postsecondary educator. (This is discussed further under the following two criteria.) Although a terminal degree is not required for public members, the current non-podiatric postsecondary educator and the at-large members of the Council hold a DPM or PhD, as appropriate to their designated positions. In addition, the agency provides all members of the Council with training that describes the responsibilities and Council operations, as well as regular updating during Council meetings.

In addition, the agency uses an Accreditation Committee, comprised of qualified and trained individuals, to make an initial review of each institution's/program's materials and site team report in order to present a recommendation to the Council for their consideration. Department staff observed an Accreditation

Committee meeting and found the individual members to be thorough and meticulous in their examination of the materials upon which the Council would base its decisions.

Although the agency has not had an appeal in over 15 years, it has made some provisions in its bylaws for establishing an Ad Hoc Appeal Hearing Committee (Appeal Committee). However, the agency's published documents do not adequately describe the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), or the training that must be provided to those serving on an Appeal Committee. Until these matters have been adequately incorporated into the agency's publicly-available documents, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to incorporate into its published documents an adequate description of the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), and the type of training to be provided with regard to an Appeal Committee.

**Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to incorporate into its published documents an adequate description of the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), and the type of training to be provided with regard to an Appeal Committee.

In response, the agency revised its written appeals procedures to briefly describe the qualifications, selection process, and necessary categories to be represented on an Appeals Committee. However, the revisions did not indicate the type of training to be provided to the members of an Appeal Committee. Until it does so, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to incorporate into its published documents an adequate description of the type of training to be provided to the members of an Appeal Committee.

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**(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;**

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Since the agency is an institutional accreditor, it is required by the criteria to have both academic personnel, and administrative personnel, on all institutional site evaluation teams, and on all policy and decision-making bodies. As a matter of practice, both academic and administrative personnel may be represented on the Council and on the appropriate visiting teams. Furthermore, it is possible that they could be represented on any Appeals Committee that may be appointed.

However, the agency does not have a clear written policy that requires it to maintain an adequate representation of both of the required categories as it makes its selections. For example, on-site evaluators “may” include a generalist who is not expected to have special knowledge of podiatric medicine, but focuses on broader educational issues, such as financing. In addition, the team may have an academician, or an educator, who helps the team understand the special nature of podiatric medicine.

As well, the current focus for selecting Council members is to have an appropriate representation from among the podiatric communities of interest. While this is certainly commendable, there is no selection designation to identify whether a Council member is currently and primarily serving in an academic or in an administrative capacity. As well, the agency does not clearly indicate what would qualify a person to be identified as either primarily an academic, or primarily an administrator. As a result, the agency does not distinguish and identify its decision-makers and site evaluators as primarily one or the other.

Until these matters are addressed, a finding of compliance cannot be made.

#### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy that requires it to have an adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies, including any Appeals Committee, and institutional site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies and institutional site teams.

#### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to have a clear written policy that requires it to have an adequate representation of both academic personnel, and administrative personnel, as it makes its selections for decision-making bodies, including any Appeals Committee, and institutional site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies and institutional site teams.

In response, the agency made revisions to its bylaws, and to its published procedures, to better identify the basic attributes needed to be selected to fulfill an administrator, educator, academic, or practitioner category. However, there did not appear to be any consistency in how the agency actually decides, in practice, to distinguish its selections for the different categories.

For example, one person identified by the agency as a podiatric medicine dean is designated as an educator, while another podiatric medicine dean is designated as an administrator by the agency. In another example, an individual identified by the agency as an associate dean and assistant professor is designated as an educator, while another associate dean and assistant professor is designated as an academic by the agency. In both cases, the agency has not given any indication as to why the different designations were made.

The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies. Until it does so, a finding of compliance cannot be made.

#### Staff Determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies.

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#### **(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;**

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The agency is an accreditor of programs and single-purpose institutions, and as such, it is required to ensure that all site teams, and its decision and policy bodies, including any Appeals Committee, contain clearly identified educators and practitioners.

As similarly noted under the previous section, both educators and practitioners may be represented on CPME visiting teams and on the Council itself. The agency's written policy states that the visiting team "may" have a practitioner. The written policy also indicates that a practitioner is someone who focuses on the relevance of the instructional program to podiatric medical practice, as well as the appropriateness of the school's service activities to the profession. In addition, it is also possible that persons representing the two categories required by this criterion could be represented on any Appeals Committee that may be appointed.

However, the agency does not have a clear written policy that requires it to



maintain an adequate representation of both of the required categories as it makes its selections. Currently, on-site evaluators “may” include a practitioner and may include an educator, or an academician. As well, the current focus for selecting Council members is to have an appropriate representation from among the podiatric communities of interest.

However, there is no selection designation to identify whether a Council member is currently and primarily serving in a practitioner or in an educator capacity. As well, the agency does not clearly indicate what would qualify a person to be identified as either primarily an educator, or primarily as a practitioner. In fact, the agency identifies some persons as both currently program directors and practitioners, without noting their current primary responsibilities. As such, a practitioner could be someone who practices as little as one hour per week. In any case, the agency should not consider the same person as concurrently serving in two distinct required categories. Even more importantly, the agency does not publish distinguishing definitions, or clearly identify its decision-makers and site evaluators as primarily serving in one required category or the other.

Until these matters are addressed, a finding of compliance cannot be made.

#### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy that requires it to have an adequate representation of both educators, and practitioners, on its decision-making bodies, including any Appeals Committee, and all site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both educators, and practitioners, on its current decision-making bodies and all site teams.

#### **Analyst Remarks to Response:**

Similar to the previous criterion, the draft staff analysis found that the agency needs to have a clear written policy that requires it to have an adequate representation of both educators, and practitioners, as it makes its selections for the decision-making bodies, including any Appeals Committee, and all site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both educators, and practitioners, on its current decision-making bodies and all site teams.

In response, the agency made revisions to its bylaws, and to its published procedures, to better identify the basic attributes needed to be selected to fulfill an administrator, educator, academic, or practitioner category. However, there did not appear to be any consistency in how the agency actually decides, in practice, to distinguish its selections for the different categories.

For example, one person identified by the agency as a podiatric medicine dean is designated as an educator, while another podiatric medicine dean is designated as an administrator by the agency. In another example, an individual identified by the agency as an associate dean and assistant professor is designated as an educator, while another associate dean and assistant professor is designated as an academic by the agency. In both cases, the agency has not given any indication as to why the different designations were made.

Since the agency accredits programs and single-purpose institutions that prepare students for a specific profession, the agency also needs to be clear that those identified as educators are, in fact, educators of podiatric medicine. The only area where there may not be a difficulty is the agency's designation of someone as a practitioner. However, where each individual currently practices podiatric medicine was not identified in the materials supplied by the agency.

The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies. Until it does so, a finding of compliance cannot be made.

Staff Determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies.

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**(b) The agency maintains complete and accurate records of--**

**(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and**

**2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions.**

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The agency's written policy specifies that the CPME maintains “up to date” documents and materials related to accredited colleges of podiatric medicine, including documents and reports for each institution inclusive of the previous two on site visits. In addition, the agency’s written policy requires the Council to maintain evaluation reports and significant correspondence related to each college from the time of the initial CPME review.

Department staff visited the CPME offices and found that the agency, at present, keeps all documents in hard copy in several file cabinets. Although the agency is converting to more electronic record-keeping methods, the relatively small number of podiatric schools permits a “hard-copy” system to work effectively.

However, to support the agency’s good practice as it moves to electronic record-keeping, the CPME written policy regarding the maintenance of records should be revised to clearly cover the complete and accurate maintenance of the various reports and decisions specified in the criteria, including those related to preaccredited schools and substantive changes, etc. Until these matters are addressed, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to have a records maintenance policy that clearly covers all the complete and accurate records specified by the criteria.

**Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to have a records maintenance policy that clearly covers all the complete and accurate records specified by the criteria.

In response, the agency revised the appropriate publicly-available document to reflect its procedures for ensuring the proper maintenance of its records. In summary, the policy covers the requirements set forth in most of the Secretary’s criteria.

However, the revised policy was not specific in saying that the agency will maintain decisions about substantive changes. Department staff recognizes that this might be subsumed under the agency’s policy to maintain records of all decisions. However, it is preferable to have substantive change decisions specifically mentioned in the policy, as the agency did for other significant categories of record-keeping.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to specifically include substantive change decisions in its record-keeping policy, as it did for other significant categories.

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## **§602.16 Accreditation and preaccreditation standards**

**(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -**

- (1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**

**(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

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The agency's student achievement standard establishes specific thresholds for success with respect to student achievement that includes licensure pass rates and ensures consistent application of the standard across all accredited programs. The standard requires colleges of podiatric medicine to document successful licensure exam pass rates, graduation rates, and residency placement rates.

In order to ensure that the standard is applied to all colleges and programs of podiatric medicine, the standard requires that a college's graduation rates, averaged over the most recent three years, be no lower than one standard deviation below the mean when compared to podiatric colleges nationally. The standard also requires a specific threshold for acceptable licensure pass rates, for first-time test takers of at least 75% on the National Board of Podiatric Medical Examiners (NBPME) part 1 and 80% on NBPME part 2, averaged over the most recent three years.

Residency placement must be consistent with the mission of each college, averaged over three years, and consistent with national trends, as determined by annual reporting mechanisms.

Furthermore, the agency publishes a list of competencies to serve as a primary measure against which student achievement is measured. Each podiatric college is expected to assess changes in residency requirements and in the practice of podiatry, and to revise its related list of competencies to ensure the continued success of its students.

The agency provided evidence that it requires its institutions/programs to provide student achievement data in annual reports and included in the documentation a letter to an institution that failed to meet one of the benchmarks. However, it is unclear from the site team reports provided (cf. Exhibits 26 and 27), whether the

agency's visiting team is effectively applying this standard while on-site. As discussed elsewhere (602.17(f)), because the on-site team focuses more on process when it evaluates student achievement, it is not clear in the team report whether the school is performing well or poorly in regards to the achievement of its students. It is also unclear from the sample reports how the team is incorporating the school's licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. Furthermore, it is unclear whether the agency assesses institutionally-developed standards to demonstrate student success in the context of the agency's student achievement standards. Until the agency addresses this matter, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams.

**Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. Although the agency had provided evidence that it reviewed the student achievement data provided annually by its institutions/programs, it was unclear from the sample site team reports whether the agency's visiting team was effectively applying the published student achievement standards.

As Department staff noted under a related section (602.17(f)), since the on-site teams focus more on process when evaluating student achievement, it was not clear in the team report how well the school was performing with regard to the achievement of its students. As well, it was unclear from the sample site reports how the team was incorporating the school's licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. Furthermore, it was unclear whether the agency assessed the institutionally-developed standards to demonstrate student success in the context of the agency's student achievement standards.

In response, the agency acknowledged that it will not be able to demonstrate compliance with this section, and a related one (602.17(f)), until its visiting teams conduct the two site visits scheduled during 2012. The agency plans to ensure that the application of its student achievement standards will be adequately documented at that time. The agency notes that this will be "the highest priority during the 2012 on-site evaluations."

Department staff notes that changes will need to be made to various aspects of the site visit process, including the training provided by the agency, as well as to the corresponding policy documents, in order to ensure that the emphasis on documenting student achievement will continue after the agency's priority focus of 2012 has passed. Until it does so, a finding of compliance cannot be made.

Staff Determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit evaluation process itself, as well as to the corresponding training provided to visiting team members.

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**§602.17 Application of standards in reaching an accrediting decision.**

**The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--**

**(f) Provides the institution or program with a detailed written report that assesses--**

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

**and**

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After the on-site review the agency provides each school with a detailed written assessment of the areas where it is not in full compliance with each of the agency's standards, together with areas needing improvement.

However, because the on-site team focuses more on process when it evaluates student achievement, it is not clear in the team report whether the school is performing well or poorly in regards to the achievement of its students.

As indicated by the sample on-site visit reports, the team focuses on three processes regarding student achievement. First, the team has to determine if the school has an assessment plan to evaluate the achievement of expected competencies or student learning outcomes. Next, the team has to ensure that the school has actually established the expected competencies or student learning outcomes. And finally, the team has to see that the school has identifiable program outcomes.

Although the success of the students is implicit in the team's approach, the school can establish competencies, have identifiable outcomes, have a plan to assess whether those competencies have been met, yet the team report may not reflect whether the students themselves were achieving satisfactorily. In any case, it was not readily apparent in the sample team reports (cf. Exhibits 26 and 27). In addition, it was not clear from the sample on-site reports how the team incorporated the school's licensure exam pass rates, graduation rates and

residency placement rates into their evaluation, as required by the agency's standards.

Therefore, based on the sample team reports provided, it is difficult to say that the agency provides the institution with a written report that is sufficiently detailed and that assesses the institution's performance with respect to student achievement. The sample reports did not indicate whether the school met its own or the agency's thresholds for measuring student achievement. Until the agency addresses this matter, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students.

**Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students. It was found that the sample team reports previously provided by the agency did assess compliance with agency standards, however, when it came to student achievement, the focus was more on process. That is, on-site teams determine if a school has an assessment plan to evaluate the achievement of expected competencies or student learning outcomes; then they determine if a school has actually established the expected competencies or student learning outcomes; and then they see if the school has identifiable program outcomes.

Consequently, it was not consistently clear in the team reports whether a school was actually performing well, or poorly, with regard to the achievement of its students. Department staff found that the success of the students was implicit in the team's approach. However, a school could establish competencies, have identifiable outcomes, and have a plan to assess whether those competencies have been met, nonetheless, the sample team reports did not consistently reflect whether the students themselves were achieving satisfactorily. In addition, it was not clear how the teams incorporated licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. The sample reports did not indicate whether the school met its own or the agency's thresholds for measuring student achievement. Therefore, it could not be documented that the agency consistently provides the institution/program with a written report that is sufficiently detailed regarding the institution/program's performance with respect to student achievement.

In response, the agency acknowledged that it will not be able to demonstrate compliance with this section, and a related one (602.16(a)(1)(i)), until its visiting teams conduct the two site visits scheduled during 2012. The agency plans to ensure that the application of its student achievement standards will be

adequately documented at that time. The agency notes that this will be “the highest priority during the 2012 on-site evaluations.”

Department staff notes that changes will need to be made to various aspects of the site visit process, including the training provided by the agency, as well as to the corresponding policy documents, in order to ensure that the emphasis on documenting student achievement in sufficient detail will continue after the agency’s priority focus of 2012 has passed. Until it does so, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to provide each institution and program with a detailed written report that assesses the institution’s performance with respect to the achievement of its students. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit report-writing process with regard to student achievement, as well as to the corresponding training provided to visiting team members.

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**§602.21 Review of standards.**

**(a) The agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.**

**(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--**

**(1) Is comprehensive;**

**(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;**

**(3) Examines each of the agency's standards and the standards as a whole; and**

**(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.**

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The agency has developed a two-pronged approach to its standards and practices to ensure that its program of review is comprehensive and conducted regularly approximately every six years. The narrative discusses a review that primarily entails a self-study of the agency’s functioning and its processes. A second related, but separate, review focuses on the agency’s public documents. As a result, approximately every six years there is a complete and total review of the agency’s standards, and the agency’s operations with respect to its



application of those standards.

In both cases the agency's constituencies are involved to some degree, although wider involvement and opportunities for comment appear to be connected to the standards review portion. The documentation provided with the petition indicated that the agency typically involves the following constituencies: College Administration, College Faculty, Specialty Boards, Fellowship/Residency Directors, CPME Volunteers, Practice Community, Students, Young Members, House of Delegates, Board of Trustees, and Continuing Education Directors. The results of the input are considered during special meetings where issues can result in proposed revisions and a request for further comments from the constituents.

Although the agency has provided extensive documentation regarding the different facets of these processes, Department staff did not see a developed written policy that outlined the two related processes in any detail. Therefore, to support the agency's good practices, a detailed policy that sufficiently describes each aspect of the agency's entire standards review process is necessary, including how the various constituencies participate. At present, there is a heavy focus in the agency's publications regarding the document review process, but little on the self-study conducted by the agency itself. Until this issue is addressed, a finding of compliance cannot be made.

#### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices. The policy should address the comprehensiveness of the processes used, the frequency with which they are conducted, and the methods used to involve all of the agency's relevant constituencies in those processes affording them a meaningful opportunity to provide input.

#### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices. As well, the policy should address the comprehensiveness of the processes used, the frequency with which they are conducted, and the methods used to involve all of the agency's relevant constituencies in those processes affording them a meaningful opportunity to provide input. The finding, that the agency should put the processes it uses into writing, was made to support the agency's good practices.

In response, the agency adopted an expanded written policy that provides more detail regarding the processes used, as well as the constituencies that are expected to participate. The overall process for the periodic review conducted approximately every six years has been set down in the new policy. However, the interim review process that is conducted approximately every three years has not been described in the new policy. The interim review process has been

scheduled by the agency to take place in 2012. Therefore, the opportunity should be taken by the agency to incorporate a thorough description of that interim process in a publicly-available document. Until it does so, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices during the interim review process conducted every three years.

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**(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--**

- (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;**
  - (2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and**
  - (3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.**
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As noted under the previous section, the agency does have two major facets to its standards review process. And as also previously noted, the agency does not have a written policy adequately describing the steps that it routinely takes to ensure that its standards and practices are regularly reviewed. Furthermore, although it appears that in the past CPME had initiated needed changes within 12 months of identifying those changes, the agency has no corresponding written policy to support that good practice, or to support the other requirements of this section. Until this matter is addressed, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section. The agency needs to have a clear written policy requiring it to initiate changes to its standards within 12 months of identifying the need, and to complete those changes within a reasonable period of time, as defined by the agency. In addition, that written policy needs to address the steps to be taken before finalizing those changes. Those steps must include providing notice to all relevant constituencies and interested parties; giving them adequate opportunity to comment on the

proposed changes; and taking into account any timely-submitted comments they may provide.

### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to have a clear written policy requiring it to initiate changes to its standards within 12 months of identifying the need, and to complete those changes within a reasonable period of time, as defined by the agency. As well, that written policy needs to address the steps to be taken before finalizing those changes. Those steps must include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide.

In response, the agency adopted a written policy that essentially adopted the language of this section without much elaboration. The petition narrative contains the new policy and contains an important numerical elaboration, that is, to provide “at least four months” for the communities of interest to comment on any proposed changes. However, that phrase is not contained in the policy as it is provided elsewhere with the petition as documentary evidence. Therefore, the agency still needs to provide more detail in its public policy regarding how the communities of interest are involved and the amount of time they are given to comment. Until it does so, a finding of compliance cannot be made.

### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy on finalizing changes to its standards. In addition, that written policy needs to adequately describe the steps to be taken before finalizing those changes. The steps to be described include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide.

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### **§602.22 Substantive change.**

**(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.**

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The agency's written substantive change policy does not provide for the determination that a comprehensive evaluation of an institution is warranted, nor clearly identify what conditions or circumstances would suggest that the institution would require a new review and grant of accreditation. In addition, the agency did not provide any documentation that such a policy has been implemented.

Staff determination:

The agency does not meet the requirements of this section. The agency needs to demonstrate that it has a substantive change policy that provides for the determination that a comprehensive evaluation of an institution is warranted, and that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution, and to provide evidence of the policy's implementation.

#### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to demonstrate that it has a substantive change policy that provides for the determination that a comprehensive evaluation of an institution is warranted, and that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution, and to provide evidence of the policy's implementation.

In response, the agency revised its publicly-available substantive change policy to cover typical changes that could require a new comprehensive evaluation of that institution. In addition, the agency's policy speaks of a "comprehensive on-site evaluation, in addition to the evaluation requirements that exist for that type of substantive change." However, although this criterion requires a new comprehensive evaluation of the institution (self-study, on-site visit, etc), the agency's policy is not specific. The agency's substantive change policy needs to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc.

Although the agency would normally be expected to demonstrate the effective application of this section of its revised substantive change policy, the agency attested that for the last five years there have been no new substantive change requests from its accredited institutions or programs.

Staff Determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to amend its substantive change policy to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc.

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#### **§602.23 Operating procedures all agencies must have.**

- (a) The agency must maintain and make available to the public, upon request, written materials describing--**
  - (1) Each type of accreditation and preaccreditation it grants;**
  - (2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;**
  - (3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any**

**other action related to each type of accreditation and preaccreditation that the agency grants;**

**(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and**

**(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--**

**(i) The members of the agency's policy and decision-making bodies; and**

**(ii) The agency's principal administrative staff.**

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The agency maintains and makes available to the public on its website its procedures, standards, accredited institutions, and the names of the members of the agency's policy and decision-making body and administrative staff, as required by this section. Department staff verified that the information is available on the agency's website. However, what is not available on the website nor provided as documentation, are the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

Staff determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it maintains and makes available to the public written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

#### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to demonstrate that it maintains and makes available to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

In response, the agency put the required materials on its website, as verified by Department staff. However, to support the agency's new practice and to better ensure its continuance into the future, the agency should have a written policy requiring it to maintain and make the specified information available. Until it does so, a finding of compliance cannot be made.

Staff Determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to have a written policy requiring it to maintain and make available

to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

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**§602.24 Additional procedures certain institutional accreditors must have.**

**If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:**

**(e) Transfer of credit policies.**

**The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that--**

- (1) Are publicly disclosed in accordance with §668.43(a)(11); and**
- (2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.**

**(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with 668.43 (a) (11). For your convenience, here is the text of 668.43(a) (11):**

**“A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –**

- (i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and**
- (ii) A list of institutions with which the institution has established an articulation agreement.”)**

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The agency does not have a separate transfer of credit policy, but instead requests disclosure, within the self-study, of any transfer of credit policies within its section on admissions policies standards. What is not clear is if the agency requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy and a list of institutions with which the institution has established an articulation agreement.

The agency did not provide an example to demonstrate that it evaluates its institutions regarding the disclosure of its transfer of credit policy, as required by this section.

Staff determination:

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it requires the public disclosure of the transfer

of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements.

### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements. In particular, it was not clear if the agency requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy together with a list of institutions with which the institution established an articulation agreement.

In response, the agency revised its credit hour definition and corresponding curriculum requirements on how credit hours are assigned. However, the agency did not provide any evidence that it requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy together with a list of institutions with which the institution established an articulation agreement. Until those requirements are clearly established, and until the agency conducts a site visit that applies those requirements, a finding of compliance cannot be made.

### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements.

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**(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (f)(1)(i)(B) of this section.**

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The agency provided its interpretation and guidance to institutions regarding the length of pre-clinical and clinical courses in clock or credit hours within its Standard Four regarding the curricula. However, in its narrative, the agency indicates that it defines a credit hour as "50 minutes of instruction per week for a specified term or semester" and that "variations of credit hours or clock hours may be utilized if they are applied consistently." The agency's definition of a credit hour does not conform to the definition in §600.2, and the allowance for consistently-applied variations raises further concerns about the agency's approach to its assessment of an institution's assignment of credit hours.

The agency provided a self-study excerpt to demonstrate that institutions are required to have policies and procedures in place for determining credit hours

and an example of how those policies and procedures have been applied. The review of that Standard occurs at every site visit in conjunction with an initial or renewal accreditation application. However, the agency did not provide documentation of the review by a site visit team of an institution's application of its policies and procedures for assigning credit hours, or in making a determination of whether the institution's assignment of credit hours conforms to commonly accepted practices in higher education.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation of the review and evaluation an institution's policies and procedures for determining credit hour assignments by a site visit team.

### **Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments.

In response, the agency noted that it will not be able to demonstrate compliance with this section until it conducts the site visits scheduled for 2012. Until it does so, a finding of compliance cannot be made.

### **Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments.

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**(3) The accrediting agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (f)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.**

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The agency reviews the applicable Standard in conjunction with an initial or renewal accreditation application. Although the agency stated that no institution has been found deficient in this area in 15 years, the agency did not provide documentation of the review and evaluation an institution's policies and procedures for determining credit hour assignments by a site visit team nor the Council.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation to demonstrate that the site visit team and Council review and evaluate an institution's policies and procedures for determining credit hour assignments .



**Analyst Remarks to Response:**

The draft staff analysis found that the agency needs to provide documentation to demonstrate that the site visit team and the decision-making Council review and evaluate an institution's policies and procedures for determining credit hour assignments.

In response, the agency noted that it will not be able to demonstrate compliance with this section until it conducts the site visits scheduled for 2012. Until it does so, a finding of compliance cannot be made.

**Staff Determination:**

The agency does not meet the requirements of this section of the criteria. The agency needs to provide documentation to demonstrate that the site visit team, and the decision-making Council, review and evaluate an institution's policies and procedures for determining credit hour assignments.

**PART III: THIRD PARTY COMMENTS**

The Department did not receive any written third-party comments regarding this agency.